PTO/SB/22 (10-00) 02. OMB 0651-0031 NT OF COMMERCE

Under the Paperwork Reduction Act of 199	95, no persons are required	U.S. Patent :	and Trader	nark Office; U.S. DEPARTMENT OF COMM mation unless if displays a valid OMB control no
PETITION FOR EXTENSION				Docket No. (Optional)
OIPE	In re Application of	f Reiner BI	NDIG et	al.
2 7002	Application Number 10/075,558		Filed February 13, 2002	
Jun 2 . San	For: PIEZOCERAMIC MULTILAYER ACTUATOR WITH A TRANSITION REGION BETWEEN THE ACTIVE REGION			
TRADEMARK	Group Art Unit	Unknown	Exami	ner Unknown
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and appropri (check time period desired):	ate non-small-entity	fee are as follo	ws a	
(check time period desired):  One month (37 CFR 1.17(a)(1))  COPY OF PAPERS ORIGINALLY FILED			\$ 110.00	
Two months (37 CFR 1.17(a)(2))			\$	
Three months (37 CFR 1.17(a)(3))				\$
Four months (37 CFR 1.17(a)(4))			\$	
Five months (37 CFR 1.17(a)(5))			\$	
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown				
above is reduced by one-half, and the resulting fee is: \$				
X A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
The Commissioner has already been authorized to charge fees in this application to a Deposit Account.				
The Commissioner is hereby authorized to charge any fees which may be required, or credit				
any overpayment, to Deposit Account Number 50-0624				
I have enclosed a duplicate copy of this sheet. I am the applicant/inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
x attorney or agent of record.				
attorney or agent under 37 CFR 1.34(a).  Registration number if acting under 37 CFR 1.34(a)				
6/20/02 On Rolin				
Date				Signature
				David Rubin or Printed Name
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below				

Three Month Request for Extension of Time Under 37 CFR 1.136(a)

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissigner for Patients, Washington, DC 20231, on the date shown below.

Dated: 4/30/0x Signature: Taw Moulthours Lu3 (Fani Malikouzakis)

Dated: 6/20/02 (Fani Malikouzakis) Signature:

forms are submitted

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